

**CENTRAL PAYROLL BUREAU
ADDRESS CHANGE REPORT
SECURITY FORM**

AGENCY PAYROLL CODE _____	AGENCY NAME _____
USER ACF2 LOGON ID _____	USER NAME _____
USER SIGNATURE _____	PHONE NUMBER _____
E-MAIL ADDRESS _____	

RMDS ACCESS TO RG PAYROLL ADDRESS CHANGE REPORT – This authorizes access to view information contained in the Report Management and Distribution System for address change information for Regular payroll system employees. If access is needed for the whole agency, put a check mark on the line next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - **WHOLE AGENCY** _____ **LEVELS** _____

RMDS ACCESS TO CT PAYROLL ADDRESS CHANGE REPORT – This authorizes access to view information contained in the Report Management and Distribution System for address change information for Contract payroll system employees. If access is needed for the whole agency, put a check mark on the line next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - **WHOLE AGENCY** _____ **LEVELS** _____

I hereby give authority to this employee for the access listed above.

Appointing Authority	Date	Title
Name (Please Print)		Phone Number

Forms should be sent to the following address:

Central Payroll Bureau
P. O. Box 2396
Annapolis, Md. 21404-2396
Attn: IT Manager
Questions: 410-260-7356

CPB SECURITY OFFICER	DATE